

Case Number:	CM14-0176403		
Date Assigned:	10/30/2014	Date of Injury:	03/11/2007
Decision Date:	12/05/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/24/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 31-year-old woman who sustained a work-related injury on March 11, 2007. Subsequently, she developed chronic pain syndrome. She was diagnosed with major depression and chronic pain disorder. According to a progress report dated on July 2 2014, the patient was complaining of continuous pain syndrome on the right upper extremity despite the use of Cymbalta and Lyrica. The patient was reported to have nausea when using Norco. According to a June 6, 2014 report, the patient was prescribed Cymbalta, Norco, Lyrica and Ondansetron. The patient was diagnosed with reflex sympathetic dystrophy, radial nerve neuropathy, cervical brachial syndrome and chronic neck pain. The provider requested authorization for the medications mentioned below.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Hydrocodonebit/APAP 10-325mg four times per day #120 No Refills (prescribed 9-2-14):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework.According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of opioids. Hydrocodonebit/APAP 10-325mg was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Hydrocodonebit/APAP 10-325mg four times per day #120 No Refills (prescribed 9-2-14) is not medically necessary.

Lyrica 100mg twice per day #60 +5 Refills (prescribed 9-2-14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 20.

Decision rationale: According to MTUS guidelines, "Lyrica is an anti-epilepsy drug (AEDs - also referred to as anti-convulsant), which has been shown to be effective for treatment of diabetic; painful neuropathy and post-therapeutic neuralgia; and has been considered as a first-line treatment for neuropathic pain." The patient was diagnosed with Reflex Sympathetic Dystrophy (RSD) with clear documentation of neuropathic pain. However, the patient was prescribed Lyrica on June 2014 with 5 refills and there is no clear documentation that Lyrica controlled the pain. Therefore, Lyrica 100mg twice per day #60 +5 Refills (prescribed 9-2-14) is not medically necessary.

Lyrica 150mg every night #30 +5 Refills (prescribed 9-2-14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 20.

Decision rationale: According to MTUS guidelines, "Lyrica is an anti-epilepsy drug (AEDs - also referred to as anti-convulsant), which has been shown to be effective for treatment of diabetic; painful neuropathy and post-therapeutic neuralgia; and has been considered as a first-line

treatment for neuropathic pain." The patient was diagnosed with RSD with clear documentation of neuropathic pain. However the patient was prescribed Lyrica on June 2014 with 5 refills and there is no clear documentation that Lyrica controlled the pain. Therefore, Lyrica 150mg every night #30 +5 Refills (prescribed 9-2-14) is not medically necessary.

Cymbalta 30mg twice per day +5 Refills (prescribed 9-2-14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific antidepressants Page(s): 15-16.

Decision rationale: Cymbalta is FDA approved for diabetic neuropathy. It is also used off label for neuropathic pain and radiculopathy. There is no high quality evidence to support its use for RSD. There is no clear evidence that the patient have diabetic neuropathy. A prolonged use of cymbalta in this patient cannot be warranted without continuous monitoring of its efficacy; the drug was used off label. In addition, the patient has a prescription of Cymbalta on June 2014 with 5 refills. Therefore, the request of Cymbalta 30mg twice per day +5 Refills (prescribed 9-2-14) is not medically necessary.

Ambien 5mg every night as needed #30 +3 Refills (prescribed 9-2-14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline: Pain, Zolpidem (Ambien) Insomnia treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>))

Decision rationale: Ambien is a non-benzodiazepine hypnotic agent that is a pyrrolopyrazine derivative of the cyclopyrrolone class. According to MTUS guidelines, tricyclic antidepressants are recommended as a first line option in neuropathic pain, especially if pain is accompanied by insomnia, anxiety or depression. According to ODG guidelines, "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopiclone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which mean they have potential for abuse and dependency." Ambien could be used as an option to treat insomnia; however, it should not be used for a long-term without periodic evaluation of its efficacy. There is no recent documentation that the patient is suffering from insomnia. Therefore, the prescription of Ambien 5mg every night as needed #30 +3 Refills (prescribed 9-2-14) is not medically necessary.

Ondansetron-zofran 4mg every day as needed #10 No Refills (prescribed 9-2-14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines: Pain Chapter, Ondansetron (Zofran).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: Ondansetron is an antiemetic drug following the use of chemotherapy. Although MTUS guidelines are silent regarding the use of Ondansetron, there is no documentation in the patient's chart regarding the occurrence of chemotherapy medication induced nausea and vomiting. The adjustment of pain medications dosage could prevent nausea and vomiting. Therefore, the prescription of Ondansetron-zofran 4mg every day as needed #10 No Refills (prescribed 9-2-14) is not medically necessary.

Omeprazole DR 20mg twice per day #60 + 5 Refills (prescribed 9-2-14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when non-steroidal anti-inflammatory drug (NSAID) is used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal (GI) events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. There is no documentation that the patient is taking NSAID or has GI issue that requires the use of Prilosec. There is no documentation in the patient's chart supporting that he is at intermediate or high risk for developing gastrointestinal events. Therefore, Omeprazole DR 20mg twice per day #60 + 5 Refills (prescribed 9-2-14) prescription is not medically necessary.